

**NOTICE OF
ADMINISTRATIVE DISQUALIFICATION**

Notice Date : _____
Case Name : _____
Number : _____
Worker Name : _____
Number : _____
Telephone : _____
Address : _____

(ADDRESSEE)

DISQUALIFICATION ACTION

The following action disqualified you from the Food Stamp Program:

- ☐ A state hearing decision found you committed an intentional program violation.
- ☐ A court decision found you committed an intentional program violation.
- ☐ You signed a Disqualification Consent Agreement on _____.
- ☐ You signed an Administrative Disqualification Hearing Waiver on _____.
- ☐ You were disqualified from the Food Stamp Program in _____ (LOCATION).

A copy of the above action was sent or given to you. If a state hearing decision found you committed an intentional program violation, the state or federal government may still prosecute you in court.

DISQUALIFICATION PENALTY

The disqualification penalties are 12 months for the first violation, 24 months for the second violation, and permanent disqualification for the third violation. There are separate penalties if you break these rules:

- If you are found guilty in any court of law of having traded food stamp coupons for firearms, ammunition, or explosives, you can be disqualified forever for the first violation.
- If you are found guilty of having traded food stamp coupons for controlled substances, you can be disqualified for 24 months for the first violation and forever for the second violation.
- If you are found guilty of having traded or sold food stamp coupons worth \$500 or more, you can be disqualified forever.
- If you are found to have filed more than one application at the same time and have given false identification or residence information, you can be disqualified for ten years.

This is your _____ violation, which means:

- ☐ You cannot get food stamps for _____ months, from _____ to _____.
- ☐ You have been permanently disqualified from the Food Stamps Program, as of _____.

Rules: These rules apply. You may review them at your welfare office: 20-300.221(c), 20-300.3, 22-003.11, 63-804.1, 63-805.1.

Questions? Ask your Worker.

State Hearing: You cannot appeal the disqualification action in a state hearing. If you think the new amount of food stamps for the other members of your household is wrong, you can ask for a hearing. The back of this page tells how. Most often the new amount will not change unless the hearing decision changes it.

NOTICE TO THE OTHER MEMBERS OF YOUR HOUSEHOLD

- ☐ Because _____ was disqualified from the Food Stamp Program:
- ☐ Your food stamps will change from \$ _____ to \$ _____ as of _____.
- ☐ But since you reported a change, your food stamps will be different. The enclosed Notice of Change shows the amount you will get.
- ☐ Your food stamps will stop as of _____. As a result of this disqualification, your income is too high. You may reapply when the disqualification period ends or if circumstances change.
- ☐ Your certification period has ended. You may reapply at any time. Food stamps may be different because _____ was disqualified.

COMMENTS: